

Homelessness Makes You Sick

Health Study of People Using
Cork Simon Projects & Services

26 July – 01 August 2010

Cork Simon Community
Believe in People
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www.corksmon.ie

1. Introduction

Cork Simon Community works with some of the most vulnerable and excluded people in Cork. Forty-four people stay every night at the *Emergency Shelter* – people who are sick, isolated and in need of high levels of care and support. At the end of July 2010, up to half of all people staying at the Cork Simon *Emergency Shelter* every night were long term residents – staying at the Shelter for six months or longer¹ because they had nowhere else to go.

A further forty-four people live in five high-support houses – termed high-support because people living there have a complex range of needs that require round-the-clock care. A further twenty-seven people are supported in returning to independent-living in Cork Simon flats throughout the city – people who have survived homelessness and are on track to rebuilding their lives. That's 115 beds every night.

Cork Simon also supports people living in private rented accommodation, in city and county council houses and in accommodation provided by various housing associations; supporting people to keep their tenancies and to begin leaving homelessness behind them. For some – particularly those with complex health conditions and addictions, it can be a long journey.

A Cork Simon *Outreach Team* is often the first point of contact for people who have just become homeless or for people who have to live in appalling conditions in squats, making sure people can take that first step to finally getting the right help and support they need to begin their journey. The Cork Simon

Soup Run is on the streets every night of the year with hot, nourishing food, blankets, and a friendly ear, providing a vital link to the *Outreach Team*.

A Cork Simon *Youth Homeless Drugs Prevention Project (YHDPP)* is a key resource for young adults who are at risk of becoming, or who have already become, homeless. Over one fifth of people using Cork Simon projects and services during the first half of 2010 were in the 18 to 26 year old age group². The *YHDPP* works with this age group - young people that have little or no direction in their lives, have poor relations with their families and have little experience to call on.

The complexity of homelessness cannot be underestimated. There is no one cause and no one solution. What works for one person, is most likely to be completely inappropriate for another. While the availability of good quality housing is crucial in addressing homelessness, the appropriateness of that housing - and the supports that go with it, are equally important. Complex needs – a combination of mental health, physical health, problem alcohol and drug use, education, living skills, coping skills, building social networks, must all be addressed if people are to have a chance of succeeding in leaving homelessness behind them.

This *Health Study* was conducted among all people using Cork Simon projects and services during the last week of July 2010³ in order to build a picture of the nature and extent of some of those needs and to highlight the complex nature of homelessness among

¹ Government strategy on homelessness, *The Way Home*, defines long term homelessness as stays of six months or more in emergency accommodation.

² Keeping Count - Profile of Projects & Services Jan-Jun 2010, Cork Simon Community

³ Monday 26 July to Sunday 01 August 2010

people using those projects and services. It was part of a national survey of almost 800 people using Simon projects and services throughout Ireland. *Homelessness Makes You Sick* records diagnosed mental and physical health conditions, alcohol and drug use, behaviour, self-harm and attempted suicide, referrals to hospital services and to the *Adult Homeless Multi Disciplinary Team*⁴ (AHMDT) in Cork.

⁴ The AHMDT consists of a GP, Public Health Nurse, Community Psychiatric Nurse, Consultant Psychiatrist and Clinical Psychologist

2. Summary of Findings

2.1 All Cork Simon Services

One hundred and eighty-eight different people used Cork Simon Community projects and services during the week of the Health Study. 86% were male. 13% were 26 years or younger.

Sixty-four people stayed at the Emergency Shelter – twenty-one of them were long-term homeless⁵.

Cork Simon's Housing Projects supported one hundred and six people. Forty-one people were staying in Cork Simon's five High-Support houses. The Housing Plus Team supported sixty-five people - twenty-three people in Cork Simon flats, sixteen people in Galtan⁶ flats, fifteen people in Private Rented housing, six people in Local Authority housing and five people in 'Other' housing – prison, squat, friends, sheltered housing, etc.

The Outreach Team / Day Service supported forty-four people and the Youth Homeless Drugs Prevention Project (YHDPP) supported sixteen people. During the week of the *Health Snapshot Survey* the Soup Run met an average of thirty-three people per night.

2.1.1 Social Welfare Supports

72% had a medical card, were receiving a Department of Social & Family Affairs Disability Allowance, were receiving a State Pension or were receiving other illness-related benefit. 54% of those that were not in receipt of

these supports were affected by the Habitual Residency Condition (HRC)⁷.

69% had a medical card – a figure indicating the low level of income of people using Cork Simon projects and services.⁸

56% were in receipt of a Department of Social & Family Affairs Disability Allowance, an indicator of the serious nature of the ill-health among people using Cork Simon projects and services.⁹

2.1.2 Physical and Mental Health

39% had a diagnosed physical health condition. A further 10% had symptoms suggesting a physical health condition, but at the time of the Health Snapshot Study had not been diagnosed. 21% had two or more diagnosed physical health conditions. The most common physical health conditions were Wounds and Injuries, Heart related conditions and Respiratory Disorders. The rates of diagnosed physical health conditions were highest among people in High-Support housing (80%) and among people long-term homeless (57%).

⁵ Government strategy on homelessness, *The Way Home*, defines long term homelessness as stays of six months or more in emergency accommodation

⁶ Independent Housing Association working closely with Cork Simon

⁷ On 1st May 2004 the Irish Government introduced the Habitual Residence Condition (HRC) as an additional criterion for qualifying for social supports. In order to qualify a person must demonstrate that they are 'habitually resident' in Ireland - that they have been living in Ireland for approximately 2 years or more, and that they intend to settle here and make it their permanent home.

⁸ Maximum weekly income limit of €184 gross per week for single person living alone - Citizens Information

⁹ To qualify for a Department of Social & Family Affairs Disability Payment applicants must satisfy a means test, have an injury, disease or physical or mental disability that has continued or may be expected to continue for at least one year, be *substantially restricted* in undertaking work that would otherwise be suitable for an applicant's age, experience and qualifications, and satisfy the Habitual Residency Condition - Citizens Information

66% had a mental health condition – 39% diagnosed and a further 27% displayed symptoms suggesting a mental health condition, but at the time of the Health Study had not been diagnosed. 14% had two or more diagnosed mental health conditions. The most common mental health conditions were Depression, Schizophrenia and Bipolar Disorder. The rates of mental health conditions were highest among people in High-Support housing (59%), people supported by the Housing Plus Team (49%) and among people long-term homeless (33%).

58% had a diagnosed physical or mental health condition.

37% had challenging behaviour, the highest rates of which were among people who were long-term homeless (76%), among people in the Emergency Shelter (59%), and among people in High-Support housing (34%).

2.1.3 Alcohol and Drug Use

83% of people used alcohol. 27% reported complications as a result of alcohol, indicating problem alcohol use. The highest rates of problem alcohol use were in High-Support housing (59%), among people long-term homeless (62%), and in the Emergency Shelter (20%).

45% of people used drugs – 14% were intravenous drug users and 4% reported complications as a result of intravenous drug use. The highest rates of drug use were among people staying at the Emergency Shelter (61%), among people long-term homeless (43%) and among people supported by Housing Plus (37%). 40% used alcohol and drugs, whilst 26% used a combination of two or more drugs.

The most common drugs used were cannabis (30%), Heroin (26%) and Benzodiazepine (14%).¹⁰

The highest rates of intravenous drug use were among people staying at the Emergency Shelter (23%) and among people long-term homeless (14%).

35% of people had both a diagnosed mental health condition and used alcohol or drugs, the highest rates of which were among people in High-Support housing (44%) and among people long-term homeless (33%).

2.1.4 Health Referrals

51% of people were referred to health services – hospital, the Adult Homeless Multi-Disciplinary Team (AHMDT) or other health services.

39% of people were referred to the AHMDT.

14% of people were admitted to A&E during the month of July 2010. There were a total of 46 A&E referrals, the majority of which came from the Emergency Shelter (48%). Over half of the Emergency Shelter A&E referrals were on behalf of people who were long-term homeless.

There were a total of 282 health referrals – 64% to the AHMDT, 33% to hospital services and 3% to counselling services. The vast majority of counselling referrals were on behalf of people supported by the Housing Plus team.

¹⁰ A prescription drug used for treating anxiety, insomnia, seizures, alcohol withdrawal, etc., usually acquired on the black market.

2.1.5 Self-Harm and Suicide

13% of people self-harmed, the highest rates of which were among people in High-Support housing (15%), among Emergency Shelter residents (11%) and among people long-term homeless (10%).

54% of people who self-harmed had a diagnosed mental health condition. A further 29% had symptoms suggesting a mental health condition but at the time of the Health Study had not been diagnosed.

92% of people who self-harmed used alcohol, 79% used drugs, 58% engaged in polydrug¹¹ use, 21% were intravenous drug users, and 42% had both a diagnosed mental health condition and used drugs. 63% had challenging behaviour and 38% had attempted suicide in the previous six months.

8% of people had attempted suicide in the previous six months. The highest rates of attempted suicide were among people in High-Support housing (15%) and among people long-term homeless (14%).

53% of people who had attempted suicide in the previous six months had a diagnosed mental health condition. A further 27% had symptoms suggesting a mental health condition but at the time of the Health Study had not been diagnosed.

93% of people who had attempted suicide in the previous six months used alcohol, 60% used drugs, 47% engaged in polydrug use and 20% were intravenous drug users. 20% had both a diagnosed mental health problem and used drugs. A further 27% had symptoms suggesting a mental health condition and used drugs. 40% had problem alcohol use. 87% expressed suicidal thoughts, 60% self-harmed and 60% had challenging behaviour.

¹¹ The use of more than one drug or type of drug by an individual, often at the same time or sequentially, and usually with the intention of enhancing, potentiating, or counteracting the effects of another drug. The term is also used more loosely, to include the unconnected use of two or more drugs by the same person. - World Health Organisation Lexicon of Alcohol and Drug Terms.



2.2 Emergency Shelter

Sixty-four people stayed at the Emergency Shelter. 91% were male. 14% were in the 18-26 year old age group.

45% had a medical card. 41% were in receipt of a Department of Social & Family Affairs Disability Allowance. Of the 35 people who had none of these supports, 60% were affected by the HRC.

39% had a diagnosed physical health condition. The most common physical health conditions were Wounds & Injuries (23%), Heart related conditions (16%) and Respiratory Disorders (11%). A further 14% had symptoms suggesting a physical health condition but at the time of the Health Snapshot study had not been diagnosed.

28% had a diagnosed mental health condition. The most common mental health conditions were Depression (19%), Bipolar Disorder (8%) and ADD or ADHD (6%). A further 39% had symptoms suggesting a mental health condition but at the time of the Health Survey had not been diagnosed.

17% had both a diagnosed physical and mental health condition.

88% used alcohol. 20% reported complications as a result of alcohol, indicating problem alcohol use.

61% used drugs. 45% engaged in polydrug use. 23% were intravenous drug users. 5% reported complications as a result of intravenous drug use. The most commonly used drugs were cannabis (48%), heroin (38%) and Benzodiazepines (28%).

58% used both drugs and alcohol.

28% had both a diagnosed mental health condition and used alcohol and / or drugs.

59% had challenging behaviour. Of these, 58% engaged in polydrug use, 39% had a diagnosed mental health condition 34% indicated problem alcohol

use, and 32% were intravenous drug users. 61% used cannabis, 45% used heroin and 34% used benzodiazepines.

11% self-harmed and 6% had attempted suicide in the previous six months.

41% were referred to health services – hospital, the AHMDT or other health services. 19% were admitted to A&E during the month of July. 20% were referred to the AHMDT.

There were 78 health referrals – 53% to the AHMDT, 28% were to A&E in the previous month, and 17% were to in-patient / out-patient hospital services.

2.3 High-Support Housing

Forty-one people stayed in Cork Simon Community's five high-support houses. 88% were male. 10% were in the 22-26 year old age group.

95% had a medical card. 68% were in receipt of a Department of Social & Family Affairs Disability Allowance. 15% were in receipt of a pension. 5% were in receipt of other illness-related benefit. 88% were in receipt of either a Disability Allowance, Pension or other illness-related benefit.

81% had a diagnosed physical health condition. The most common conditions were Wounds & Injuries (32%), Heart related conditions (27%), digestive disorders (24%) and muscle and bone disorders (22%). 56% had two or more diagnosed physical health conditions.

59% had a diagnosed mental health condition. The most common mental health conditions were Depression (41%), Schizophrenia (17%), and Bipolar Disorder (7%). 24% had at least two diagnosed mental health conditions. A further 12% had symptoms suggesting a mental health condition but at the time of the Health Study had not been diagnosed.

49% had both a diagnosed physical *and* mental health condition.

81% used alcohol. 59% reported complications arising from Alcohol, indicating problem alcohol use. The most common complications reported were Falls / Injuries (29%), Memory Loss (22%), Liver Damage (15%) and Gastric Problems (15%). 32% reported two or more complications as a result of alcohol use.

22% used drugs. There were no intravenous drug users. 10% engaged in polydrug use. The most common drugs used were heroin (10%), Head Shop substances (10%) and cannabis (7%).

20% used both alcohol and drugs.

46% had both a diagnosed mental health condition and used alcohol and / or drugs.

34% had challenging behaviour.

83% were referred to health services – hospital services, the AHMDT and other health services. 20% were admitted to A&E during the month of July. 34% were referred for in-patient / out-patient hospital treatment. 71% were referred to the AHMDT.

There were 105 health referrals. 59% of referrals were to the AHMDT, 26% were for in-patient / out-patient hospital treatment and 13% were to A&E during the month of July.

15% attempted suicide in the previous six months. 15% self-harmed.

2.4 Housing Plus

The team supported sixty-five people, 35% of which were staying in a Cork Simon flat, 24% were staying in Galtan flats, 23% were in Private Rented housing, 9% were in Local Authority housing and 8% were staying in 'Other'

housing. 83% were male. 5% were in the 18-26 year old age group.

80% had a medical card. 74% were in receipt of a Department of Social & Family Affairs Disability Allowance. 6% were in receipt of a pension. 2% were in receipt of other illness-related benefit.

20% had a diagnosed physical health condition. The most common physical health conditions were Respiratory Disorders (8%), Heart related conditions (6%) and Wounds & Injuries (6%). 6% had two or more diagnosed physical health conditions.

45% had a diagnosed mental health condition. The most common mental health conditions were Depression (15%), Schizophrenia (14%), and Bipolar Disorder (11%). 12% had at least two diagnosed mental health conditions. A further 15% had symptoms suggesting a mental health condition but at the time of the Health Study had not been diagnosed.

11% had both a diagnosed physical *and* mental health condition.

83% used alcohol. 14% reported complications as a result of alcohol, indicating problem alcohol use.

37% used drugs. 17% engaged in polydrug use. 2% were intravenous drug users. 2% reported complications as a result of intravenous drug use.

35% used both alcohol and drugs

38% had a diagnosed mental health condition *and* used alcohol and / or drugs.

20% had challenging behaviour.

11% engaged in self-harm. 3% attempted suicide in the previous six months.

42% were referred to health services – hospital services, the AHMDT and other health services. 40% were referred to the AHMDT, 9% were referred for in-patient / out-patient

hospital treatment and 8% were admitted to A&E during the month of July.

There were 78 Health referrals – 71% to the AHMDT, 12% to A&E during the month of July, and 8% for in-patient / out-patient

2.5 Long Term Homelessness¹²

Twenty-one people – 32% of people staying in the Emergency Shelter, were long term homeless. All were male. 5% were in the 22-26 year old age group.

48% had a medical card. 38% were in receipt of a Department of Social & Family Affairs Disability Allowance. 52% had none of these supports – of these, 82% were affected by the HRC.

57% had a diagnosed physical health condition.

33% had a diagnosed mental health condition. A further 43% had symptoms suggesting a mental health condition but at the time of the Health Snapshot Study had not been diagnosed.

91% used alcohol. 62% reported complications as a result of alcohol, indicating problem alcohol use.

43% used drugs. 33% engaged in polydrug use. 14% were intravenous drug users. 5% reported complications as a result of intravenous drug use. The most commonly used drugs were cannabis (33%), heroin (24%) and Benzodiazepines (19%).

43% used both alcohol and drugs.

33% had both a diagnosed mental health condition and used alcohol and / or drugs.

¹² Government strategy on homelessness, *The Way Home*, defines long term homelessness as stays of six months or more in emergency accommodation

76% had challenging behaviour.

14% attempted suicide during the previous six months. 10% self-harmed. 38% expressed suicidal thoughts.

48% were referred to health services – hospital, AHMDT and other health services. 24% were admitted to A&E during the month of July. 29% were referred to the AHMDT.

There were 27 health referrals. 52% of referrals were to A&E during the month of July. 48% of referrals were to the AHMDT, 11% were to in-patient / out-patient hospital services.

3. Homelessness Makes You Sick

Homelessness makes you sick. During the course of one week at the end of July 2010, 66% of all One hundred and eighty-eight people using Cork Simon projects and services had a mental health condition. 39% had a diagnosed physical health condition. 58% had a physical or mental health condition. 20% had both. 37% had challenging behaviour, 27% indicated problem alcohol use, 26% engaged in polydrug use, 14% were intravenous drug users, 13% self-harmed and 8% had attempted suicide in the previous six months. 35% had a diagnosed mental health condition and used alcohol and / or drugs, indicating high rates of dual diagnosis.¹³ The most common physical health conditions were wounds & injuries, heart related conditions and respiratory disorders. The most common mental health conditions were depression, schizophrenia and bipolar disorder. These are some of the complex range of health issues affecting people who are homeless in Cork. It's not surprising then that over the course of one week, 51% of people required medical attention. 14% were admitted to Accident & Emergency during the month of July. There were 282 health referrals in all – an average of three health referrals per person requiring medical attention.

Not only do people have debilitating illnesses and conditions, the majority of people are on low-incomes as indicated by the high percentage of people in possession of a medical card. Over half of all people were in receipt of a Department of Social & Family Affairs Disability Allowance, indicating the difficulties people have in finding employment – one of the criteria in qualifying for this payment is that people

must be *'substantially restricted in undertaking work'*.

In summary, people using Cork Simon services are very sick – often with dual physical *and* mental health conditions, and dual mental health and drug or alcohol use. Add to this the poverty, the exclusion from the jobs market, the crippling affects of problem alcohol and intravenous drug use, the impact of self-harming, suicide attempts and challenging behaviour, and a clearer picture emerges of the complexity of people's needs.

But people do overcome these health challenges. With the right housing, matched with the right level of healthcare and supports, people learn to manage their physical and mental health. They learn to manage or overcome problem alcohol and drug use. There's a stark contrast in the range, complexity and severity of health needs between people living in flats independently with low levels of support and between people living in High-Support housing. People in emergency accommodation, particularly those who are long-term homeless, have the most complex and severe set of health needs. This Health Study gives us an indication of the health challenges that are overcome when we believe in people. It's also a reminder that we must continue to believe in people – particularly those in emergency accommodation, so that they too will have the opportunity to begin leaving homelessness behind them and start living productive lives.

One third of people staying at the Emergency Shelter during the week of the Health Study were, by the Government's own definition, long-term homeless. This group of twenty-one

¹³ Dual Diagnosis is the term used when a person suffers from both a substance addiction problem and another mental health issue such as depression or an anxiety disorder. Most mental health services and addiction treatment centres in Ireland are currently not organised to treat such people holistically. - Dual Diagnosis Ireland.

people had considerably higher rates of diagnosed physical health conditions than the Emergency Shelter generally. They also had the highest rates of problem alcohol use, of challenging behaviour, and of admissions to A&E. They had the lowest rate of Disability Allowance payments but the highest rate of undiagnosed mental health conditions and the highest rate of people affected by the HRC. Whilst the rates of drug use, polydrug use and intravenous drug use were lower than the Emergency Shelter generally, they were considerably higher than those in High-Support housing and in supported independent living. Whilst there's enough evidence to suggest the HRC is contributing to long-term homelessness, people's mental health, problem alcohol use and intravenous drug use appear to be significant factors.

People staying at the Emergency Shelter had the highest rates of drug use, of polydrug use and of intravenous drug use. The rate of heroin use was the highest by far. People staying in the Emergency Shelter had the lowest rate of diagnosed mental health conditions but the second highest rate of undiagnosed mental health conditions. They had the lowest rate of medical card possession and were just marginally ahead of people long-term homeless in terms of Disability Allowance payments. Whilst the rate of problem alcohol use was very low compared to people long-term homeless or in High-Support housing, the rate of alcohol use was among the highest. The range, complexity and severity of the health needs of people in the Emergency Shelter are similar in many respects to people in High-Support housing, but given the higher rates of polydrug use, intravenous drug use and challenging behaviour, it's likely more people will become long-term homeless if people do not get the opportunity to move to the housing and support that is appropriate to their needs.

People living in High-Support housing had the highest rates of diagnosed physical and mental health conditions. They had the lowest rate of polydrug use and there were no intravenous drug users. Rates of undiagnosed mental health conditions and challenging behaviour were the lowest. All but one possessed a medical card and all residents were receiving a Disability Allowance, State Pension or other illness related benefit. Whilst the rates of self-harm and attempted suicide in the previous six months were the highest, this could be viewed in the context of the highest rate of combined diagnosed mental health condition and alcohol / drug use, and the second highest rate of problem alcohol use. Whilst the range, complexity and severity of health issues was similar to people who were long-term homeless, considerably lower rates of challenging behaviour, intravenous drug use, polydrug use and undiagnosed mental health conditions suggests that people in High-Support housing are managing these health issues. The rate of health referrals was by far the highest, suggesting that people in appropriate housing have a better opportunity to begin addressing their health issues over the longer-term.

People living independently with Housing Plus support in flats had the lowest rates of diagnosed physical health conditions, of problem alcohol use, of challenging behaviour, of attempted suicide in the previous six months and of admittance to A&E. Whilst the rate of diagnosed mental health conditions was highest, the rate of undiagnosed mental health conditions was second lowest. The rate of referrals to counselling was by far the highest. Whilst the rate of self-harm was second highest, this could be viewed in the context of the second highest rate of both a diagnosed mental health condition and drug / alcohol use. The higher rates of diagnosed mental health conditions coupled with the highest rate by far of referrals to counselling services suggests that people in appropriate housing with appropriate supports have a much better chance of

managing their health issues over the longer-term.

The key role of the Adult Homeless Multi-Disciplinary Team (AHMDT) cannot be underestimated. The team holds clinics three days per week at Cork Simon's *Anderson's Quay* complex. During the week of the Health Study 39% of all people using Cork Simon projects and services were referred to the AHMDT. There were 180 referrals. While this high number of referrals is not surprising given the findings of this Health Snapshot Survey, they serve as another strong indicator of the clear link between health and homelessness.

There is a clear link between a combination of low incomes, physical ill-health, mental ill-health, problem alcohol use, polydrug use and intravenous drug use, and homelessness in Cork. Rates of challenging behaviour, self-harm and attempted suicide are high. It's not hard to imagine the impact that this combination of factors can have on people's support networks – be it family or friends, on people's ability to maintain their employment, maintain their tenancies and get on with their lives. The range and complexity of the issues involved are severe.

There is also a clear link between housing and support that is appropriate to people's needs and people's ability to manage and overcome the various health and related problems. Undiagnosed mental health conditions, polydrug use, intravenous drug use and challenging behaviour are all at their lowest rates among people in long-term housing with support. Health referrals and counselling referrals are among the highest. Even though the range and complexity of health issues are severe, people can and do manage and overcome them.

The number of people long-term homeless remains stubbornly high.

There is evidence to suggest that the HRC is having a negative impact on the numbers. The high rate of undiagnosed mental health conditions is at its highest, and warrants further analysis.

The high rates of polydrug use, intravenous drug use, and undiagnosed mental health conditions among the overall population at the Emergency Shelter would suggest that conditions exist for more people to become long-term homeless before the year draws to a close. It highlights the need for additional high-support beds.